

## PART B—ISSUE FEE TRANSMITTAL

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### 1. CORRESPONDENCE ADDRESS

RICHARD A WISE  
HAMILTON BROOK SMITH & REYNOLDS  
TWO MILITIA DRIVE  
LEXINGTON MA 02173

F6M1 / 11/04

### 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

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Check if additional changes are enclosed

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/371,089	01/10/95	019	MULLEN, T	2617 11/04/95
First Named Applicant	GARGANO,		PAUL A.	

**TITLE OF INVENTION** PERSONAL TRACKING AND RECOVERY SYSTEM

JAN 21 1997



ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
7 GARGANO-91	340-373.000	010	UTILITY	YES	\$645.00	02/04/97

### 3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

HAMILTON, BROOK, SMI  
1 & REYNOLDS, P.C.

2 \_\_\_\_\_  
3 \_\_\_\_\_

### 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Paul A. Gargano

(2) ADDRESS: (CITY & STATE OR COUNTRY)

Belmont, Massachusetts

6a. The following fees are enclosed:

Issue Fee     Advance Order - # of Copies 15

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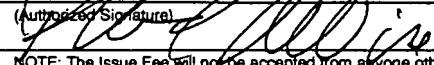
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Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)  (Date) 01/15/97

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Assistant Commissioner for Patents  
Washington, D.C. 20231

January 15, 1997

(Date)

Elizabeth A. Sullivan

(Name of person making deposit)

(Signature)

(Date)